

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035645

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 274  
**FILED OCT 5 1962**

Primary Registration District No. 3052 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>			Length of stay in lb <b>lifetime</b>		c. CITY OR TOWN <b>Sedalia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>215 South Quincy</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>LELAND</b> Last <b>GLOVER</b>				4. DATE OF DEATH Month <b>October</b> Day <b>1</b> Year <b>1962</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/20/39</b>	9. AGE (last birthday) <b>23</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Labor</b>		11. BIRTHPLACE (City and state or country) <b>Sedalia, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles H. Glover</b>			13b. MOTHER'S MAIDEN NAME <b>Rowena Maness</b>		14. NAME OF HUSBAND OR WIFE <b>*****</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Navy 1956-58</b>			16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Charles H. Glover, 215 South Quincy Sedalia, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chinial Hemorrhage + Contusion</b> DUE TO (b) <b>SKULL Fracture</b> DUE TO (c) <b>5 hrs.</b> 5 hrs.				INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Was Thrown From auto he was driving</b>					
20c. TIME OF INJURY Hour <b>Approx 7</b> a.m. <b>9-30-62</b> p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>West Main St. Road</b>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION <b>Pettis</b>		COUNTY <b>Mo.</b>		STATE		
21. I attended the deceased from <b>9-30-62 - 7:30 P.M.</b> to <b>10pm 9-30-62</b> and last saw him alive on <b>9-30-62</b> Death occurred at <b>12:35 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <b>Donald K. Kirby D.O.</b>			
22b. ADDRESS <b>814 W. 16th Sedalia, Mo.</b>		22c. DATE SIGNED <b>10-2-62</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/3/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McGee Chapel Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Rural Pettis County, Mo.</b>			
24. GENERAL DIRECTOR <b>[Signature]</b>		ADDRESS <b>Sedalia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 2, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Francis Shelby per H. Anderson</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

0808

20808

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**STATEMENT BY LICENSED EMBALMER.**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*P. E. Baker*

Licensed Embalmer No. 2419

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.